DOCUMENT RESUME

ED 482 701 SP 041 871

AUTHOR	Frauenknecht, Marianne
TITLE	The Need for Effective Professional Preparation of School-Based Health Educators. ERIC Digest.
INSTITUTION	ERIC Clearinghouse on Teaching and Teacher Education, Washington, DC.
SPONS AGENCY	Office of Educational Research and Improvement (ED), Washington, DC.
REPORT NO	EDO-SP-2003-01
PUB DATE	2003-07-00
NOTE	4p.
CONTRACT	ED-99-CO-0007
AVAILABLE FROM	ERIC Clearinghouse on Teaching and Teacher Education, 1307 New York Ave., NW, Suite 300, Washington, DC 20005-4701. Tel: 202-293-2450; Tel: 800-822-9229 (Toll Free).
PUB TYPE	ERIC Publications (071) -- ERIC Digests in Full Text (073)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	Academic Standards; *Comprehensive School Health Education; Elementary Secondary Education; Higher Education; Mental Health; Preservice Teacher Education; *Program Effectiveness; *Teacher Qualifications
IDENTIFIERS	ERIC Digests; *Health Educators

ABSTRACT

Comprehensive school health education (CSHE) can help youth obtain the greatest benefits from education and become healthy and productive adults. One child out of four has an emotional, social, or physical health limitation that interferes with learning. Because schools have the capacity to reach 53 million students every year for 12 years, they are in a unique position to influence young people's physical, mental, and social well-being. Recent reports identify CSHE as a necessary component of a national infrastructure to support children's health. The capacity of CSHE to prevent or eliminate health problems among young people depends on the effectiveness of their teachers. This digest reviews the essential elements of preservice preparation of school-based health educators, focusing on the need for effective, standards-based health education teacher preparation. It describes seven professional standards for the preparation of health education teachers, and it cites research showing that effective curricula implemented by well-prepared teachers can reduce risky behaviors among youth. It concludes that teachers trained according to national standards can have a positive impact on children's health knowledge, skills, and behaviors by effectively delivering CSHE. (Contains 20 references.) (SM)

Reproductions supplied by EDRS are the best that can be made
from the original document.

The Need for Effective Professional Preparation of School-Based Health Educators

Marianne Frauenknecht
ERIC Clearinghouse on Teaching and Teacher Education

ED 482 701

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

SP041871

BEST COPY AVAILABLE

ERIC
Educational Resources Information Center

ERIC CLEARINGHOUSE ON TEACHING AND TEACHER EDUCATION
American Association of Colleges for Teacher Education
1307 New York Ave., NW • Suite 300 • Washington, DC 20005-4701
(202) 293-2450 • (800) 822-9229 • http://www.ericsp.org

DIGEST

July 2003 EDO-SP-2003-01

The Need for Effective Professional Preparation of School-Based Health Educators

Marianne Frauenknecht

The Need for Comprehensive School Health Education (CSHE)

Comprehensive school health education (CSHE) can help youth obtain the greatest benefits from education and become healthy and productive adults (Institute of Medicine, 1997). One child out of four has an emotional, social, or physical health limitation that interferes with learning (Dryfoos, 1994; Tyson, 1999). Such problems include poor nutrition, lack of physical activity, substance abuse, family and social violence, mental health problems, and factors during pregnancy that affect children's development (Swingle, 1997). Because schools have the capacity to reach 53 million students every year for 12 years (U.S. Department of Education, 2000), they are in a unique position to influence young people's physical, mental, and social well-being.

Recent reports identify CSHE as a necessary component of a national infrastructure to support children's health (Kolbe, 2002). In *Healthy People 2010*, the U.S. Department of Health and Human Services (USDHHS, 2000) promotes increasing the proportion of secondary schools that provide school health education, with the goal of preventing the most significant health problems of youth, including unintentional and intentional injury and death; tobacco, alcohol, and other substance use and addiction; sexual behaviors that result in unintended pregnancy and sexually transmitted infections; unhealthy dietary patterns; and lack of physical activity. In addition, the Centers for Disease Control and Prevention (CDC) supports CSHE initiatives through the collection and analysis of surveillance data, identification of policies and procedures, and study of programs' efficacy (Kann, Grunbaum, Banspach, & Wechsler, 2002).

The capacity of CSHE to prevent or eliminate health problems among young people depends on the effectiveness of their teachers. This digest reviews the essential elements of pre-service preparation of school-based health educators.

The Need for Effective, Standards-Based Health Education Teacher Preparation

Research indicates that in order to influence students' health knowledge, skills, and behavior, *well-prepared teachers* must implement developmentally and culturally appropriate instructional strategies that provide basic information, engage participants to practice and apply relevant skills, and are of sufficient duration (Parker, 2001; USDHHS, 2000). It follows that the effectiveness of health educators depends on the quality of their professional preparation (Kolbe, 2002; Peterson, Cooper, & Laird, 2001; Summerfield, 2001). College and university programs must prepare health-literate teachers who have the capacity to access and analyze functional health information and services as well as the competence to apply such information and services in ways that enable K-12 students to learn health concepts and skills (Peterson et al., 2001).

One means of assessing the quality of teacher training is professional program approval and accreditation; rigorous preparation programs at accredited colleges and universities have been demonstrated to enhance teacher quality (Laczko-Kerr & Berliner, 2002). The voluntary accreditation process of the National Council for Accreditation of Teacher Education (NCATE) is designed to ensure that candidates who graduate from accredited institutions have demonstrated the knowledge, competencies, and dispositions necessary to help all students learn (NCATE, 2001). As part of NCATE's accreditation process, learned societies are responsible for approving programs in their specialty areas.

Standards for the Preparation of Health Education Teachers

Between the late 1970s and early 1980s, professional associations aligned with health education began verifying the roles of health educators. In 1985, the National Task Force on the Preparation and Practice of Health Educators published these roles in *A Framework for the Development of Competency-Based Curricula for Entry-Level Health Educators*. This document described seven generic responsibilities, competencies, and subcompetencies that delineate the practice of health education in all settings. In 1986, NCATE approved these responsibilities as the standards upon which to base accreditation decisions for health education programs and designated the American Association for Health Education (AAHE) as the specialty professional association responsible for health education reviews (AAHE, 1995).

In April 2000, AAHE established a task force to align its 1985 teacher education standards with NCATE's revised professional standards (2001) that focus on performance-based assessment for accreditation. In February 2002, NCATE approved the revised health education standards (AAHE, 2002) as follows:

- Standard I, *candidates assess individual and community needs for health education*, requires that teacher candidates obtain health-related data about the environment, growth and development factors, and needs and interests of students. Candidates must also distinguish between behaviors that foster and those that hinder well-being and determine health education needs based on observed and obtained data.
- Standard II, *candidates plan effective health education programs*, says that teacher preparation programs must train candidates to engage in the entire curricular planning process. This includes recruiting school and community representatives to support and assist in program planning, developing a health education scope and sequence, formulating measurable learner objectives, and designing strategies consistent with specified learner objectives.
- Standard III, *candidates implement health education programs*, engages teacher preparation candidates in analyzing factors affecting the successful implementation of CSHE programs, selecting resources and media to be used in program plans for diverse learners, exhibiting competence in carrying out planned programs, and monitoring educational programs by adjusting objectives and teaching strategies as needed.
- Standard IV, *candidates evaluate the effectiveness of comprehensive school health programs*, requires that candidates develop plans to assess students' achievement of program objectives, carry out evaluation plans, interpret results of program evaluation, and infer implications of evaluation findings for future program planning.

- Standard V, *candidates coordinate provision of health education programs and services*, asks candidates to develop a plan for coordinating health instruction with other components of CSHE, demonstrate the dispositions and skills required for cooperation with other school staff, facilitate collaboration among health educators in all settings and other school and community health professionals, and organize professional development programs for school personnel and other interested community members.
- Standard VI, *candidates act as a resource person in health education*, requires candidates to effectively utilize computerized health information retrieval systems, establish consultative relationships with those requesting assistance in solving health-related problems, interpret and respond to requests for health information, and select effective educational resource materials for dissemination.
- Standard VII, *candidates communicate health and health education needs, concerns, and resources*, says candidates must interpret concepts, purposes, and theories of health education; predict the impact of societal value systems on CSHE programs; select a variety of communication methods and techniques to provide health information; and foster communication between health care providers and consumers.

Other Standards Pertinent to Health Education Teacher Preparation

Although these seven professional standards provide the foundation of health education teacher training, some health education professionals suggest that programs should assimilate additional standards into candidate preparation. According to the Joint Committee on National Health Education Standards (1995), entry-level health teachers should be able to integrate the National Health Education Standards for students with relevant health content into skill-based lessons. Lessons should enable students to solve problems, make decisions, set goals, effectively communicate, manage risks, access valid information, analyze influences, and advocate for healthy practices (Summerfield, 1995). In addition, teacher-training programs should provide a foundation in general pedagogical research or the most current best practice including applying principles of child development in lesson planning; establishing an environment conducive to learning; engaging students in the learning process; applying appropriate assessment techniques for diverse student groups; and effectively communicating to students, parents, other school staff, and community stakeholders (AAHE, 2002; Danielson, 1996).

In summary, evaluation studies of health education programs conclude that effective curricula implemented by well-prepared teachers can reduce risky behaviors among youth (Lohrman & Wooley, 1998). Teachers trained according to national standards can have a positive impact on children's health knowledge, skills, and behaviors by effectively delivering CSHE (Summerfield, 1995).

References

References identified with an EJ or ED number have been abstracted and are in the ERIC database. Journal articles (EJ) should be available at most research libraries; most documents (ED) are available in microfiche collections at more than 900 locations. Documents can also be ordered through the ERIC Document Reproduction Service: (800) 443-ERIC.

American Association for Health Education (1995). *Guidelines for AAHE/NCATE folio review of health education basic level programs.* Reston, VA: American Alliance of Health, Physical Education, Recreation, and Dance.

American Association for Health Education (2002). *2001 Guidelines for AAHE/NCATE review of initial-level programs for health education.* Reston, VA: American Alliance of Health, Physical Education, Recreation, and Dance.

Danielson, C. (1996). *Enhancing professional practice: A framework for teaching.* Alexandria, VA: Association for Supervision and Curriculum Development.

Dryfoos, J. (1994). *Full-service schools: A revolution in health and social services for children, youth, and families.* San Francisco: Jossey-Bass.

Institute of Medicine. (1997). *Schools and health: Our nation's investment.* Washington, DC: National Academy Press. ED425801

Joint Committee on National Health Education Standards. (1995). *National health education standards: Achieving health literacy.* Available from the American School Health Association (P.O. Box 708, 7263 State Route 43, Kent, OH 44240; the Association for the Advancement of Health Education, 1900 Association Drive, Reston, VA 22091; or the American Cancer Society at 1-800-ACS-2345). ED386418

Kann, L., Grunbaum, J., Banspach, S., & Wechsler, H. (2002, October). *School health research: 2002 updates from CDC.* Presentation at the American School Health Association national conference, Charlotte, NC.

Kolbe, L. J. (2002). Education reform and the goals of modern school health programs [Electronic version]. *The State Education Standard, 3,* 4-11.

Laczko-Kerr, I., & Berliner, D.C. (2002, September 6). The effectiveness of "Teach for America" and other under-certified teachers on student academic achievement: A case of harmful public policy. *Education Policy Analysis Archives, 10*(37). Retrieved June 24, 2003, from http://epaa.asu.edu/epaa/v10n37

Lohrman, D., & Wooley, S. (1998). Comprehensive school health education. In E. Marx, S. Wooley, & D. Northrup (Eds.) (pp. 43-66). *Health is academic: A guide to coordinated school health programs.* New York: Teachers College Press.

National Council for Accreditation of Teacher Education (2001). *Professional standards for the accreditation of schools, colleges, and departments of education.* Washington, DC: NCATE.

National Task Force on the Preparation and Practice of Health Educators. (1985). *A framework for the development of competency-based curricula for entry-level health educators.* New York: The National Commission for Health Education Credentialing, Inc.

Parker, J. T. (2001). *School-based sex education: A new millennium update.* (Digest No. EDO-SP-2001-10). Washington, DC: ERIC Clearinghouse on Teaching and Teacher Education. ED460130

Peterson, F., Cooper, R., & Laird, J. (2001). Enhancing teacher health literacy in school health promotion: A vision for the new millennium. *Journal of School Health, 71,* 138-144. EJ625708

Summerfield, L.M. (1995). *National standards for school health education.* (Digest No. EDO-SP-94-5). Washington, DC: ERIC Clearinghouse on Teaching and Teacher Education. ED387483

Summerfield, L.M. (2001). *Preparing classroom teachers for delivering health instruction.* (Digest No. EDO-SP-2001-8). Washington, DC: ERIC Clearinghouse on Teaching and Teacher Education. ED460128

Swingle, C. (1997). *The relationship between the health of school-age children and learning: Implications for schools.* Unpublished document prepared for the Michigan Department of Community Health.

Tyson, H. (1999). A load off the teachers' back: Coordinated school health programs. *Phi Delta Kappan: Special Report,* K1-K8.

U.S. Department of Education. (2000, August 21). *A back to school special report on the baby boom echo: Growing pains.* Retrieved June 24, 2003, from http://www.ed.gov/pubs/bbecho00/ index.html

U.S. Department of Health and Human Services. (2000). *Healthy people 2010.* McLean, VA: International Medical Publishing. ED443795

ERIC Clearinghouse on Teaching and Teacher Education

1-800-822-9229 http://www.ericsp.org query@aacte.org

Mary E. Dilworth, Director

Pat Sullivan, Associate Director — Health, Physical Education, Recreation and Dance

Marianne Frauenknecht, Western Michigan University (Author)

This digest is in the public domain and may be reproduced.

This project has been funded at least in part with Federal funds from the U. S. Department of Education, Office of Educational Research and Improvement, under contract number ED-99-CO-0007. The content of this publication does not necessarily reflect the views of or policies of the U. S. Department of Education nor does mention of trade names, commercial products, or organizations imply endorsement by the U. S. Government.

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

NOTICE

Reproduction Basis

	This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.
X	This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").